

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	1/19/01
<b>FORMALITY REVIEW</b>	Z20.4	JC851	02-06-01
<b>RESPONSE FORMALITY REVIEW</b>	HC X A-M	712 JC 580	05-17-01 07-20-01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date		
Final	Original	1	2
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Claim	Date		
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Claim	Date		
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If more than 150 claims or 10 actions  
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